DOCUMENT RESUME

ED 454 640 EC 308 444

TITLE	Serving the Underserved: A Review of the Research and Practice in Child Find, Assessment, and the IFSP/IEP Process for Culturally and Linguistically Diverse Young Children.
INSTITUTION	ERIC Clearinghouse on Disabilities and Gifted Education, Arlington, VA.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
PUB DATE	2001-00-00
NOTE	40p.
CONTRACT	ED-99-CO-0026
AVAILABLE FROM	ERIC Clearinghouse on Disabilities and Gifted Education, Council for Exceptional Children, 1110 North Glebe Rd., Arlington, VA 22201-5709. Tel: 800-328-0272 (Toll Free); Fax: 703-620-2521; e-mail: ericec@cec.sped.org; Web site: http://www.ericec.org.
PUB TYPE	Collected Works - General (020) -- ERIC Publications (071)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Cultural Awareness; *Cultural Differences; Cultural Influences; Developmentally Appropriate Practices; *Disabilities; Early Childhood Education; *Early Identification; *Early Intervention; Evaluation Methods; Individualized Education Programs; Individualized Family Service Plans; Infants; *Minority Group Children; Preschool Education; Referral; Screening Tests; Student Evaluation; Toddlers; Young Children

ABSTRACT

This publication presents a digest of pertinent research and recommended practices for the first steps of providing early intervention services for young children from culturally and linguistically diverse backgrounds. Chapter 1, "Initial Identification and Referral: Child Find, Screening, and Tracking: Serving Culturally and Linguistically Diverse Children and Families" (Shireen Pavri and Susan Fowler), examines the initial identification and referral stages of the intervention process. It also examines the screening and tracking processes that follow. Chapter 2, "Evaluation and Assessment: Conducting Culturally Sensitive Child Assessments" (Mary McLean), focuses on the next step in the process, evaluation. It presents principles and strategies for culturally and linguistically sensitive assessment planning and offers guidelines for reviewing the appropriateness of assessment materials, with particular attention given to issues of linguistic diversity. Chapter 3, "Developing the IFSP and IEP: Embracing Cultural and Linguistic Diversity during the IFSP and IEP Process: Implications from DEC Recommended Practice" (Chun Zhang and Tess Bennett), covers the activity that may be seen as both the end of the child find and assessment process and the beginning of the intervention process, developing the Individualized Family Service Plan and the Individualized Education Program. Chapter 4 contains a list of related resources. (Chapters include references.) (CR)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 454 640

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

SERVING THE UNDERSERVED

A REVIEW OF THE RESEARCH AND PRACTICE IN CHILD FIND, ASSESSMENT, AND THE IFSP/IEP PROCESS FOR CULTURALLY AND LINGUISTICALLY DIVERSE YOUNG CHILDREN

A PRODUCT OF THE ERIC CLEARINGHOUSE ON DISABILITIES AND GIFTED EDUCATION

BEST COPY AVAILABLE

EC 308444

A product of the ERIC Clearinghouse on Disabilities and Gifted Education
Council for Exceptional Children
1110 N. Glebe Road
Arlington, VA 22201-5704

This document is in the public domain and may be freely reproduced and disseminated, but please acknowledge your source. This product was prepared under Contract No. ED-99-CO-0026, U.S. Department of Education, Office of Educational Research and Improvement (OERI).

BEST COPY AVAILABLE

SERVING THE UNDERSERVED

A REVIEW OF THE RESEARCH AND PRACTICE IN CHILD FIND, ASSESSMENT, AND THE IFSP/IEP PROCESS FOR CULTURALLY AND LINGUISTICALLY DIVERSE YOUNG CHILDREN

Table of Contents

1. ***Initial Identification and Referral*** 1
   Child Find, Screening, and Tracking: Serving Culturally and Linguistically Diverse Children and Families
   Shireen Pavri and Susan Fowler

2. ***Evaluation and Assessment*** 11
   Conducting Culturally Sensitive Child Assessments
   Mary McLean

3. ***Developing the IFSP and IEP*** 17
   Embracing Cultural and Linguistic Diversity During the IFSP and IEP Process: Implications From DEC Recommended Practice
   Chun Zhang and Tess Bennett

4. ***Selected Resources*** 27

Introduction: Seeking Out the Underserved

When Congress enacted the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 (P.L. 105-17), it reaffirmed its commitment to provide early intervention services to eligible young children who have disabilities or who may have conditions likely to result in disabilities. The law established procedures and rules for finding such children, evaluating their needs, and preparing individualized education programs (IEPs) or individualized family service plans (IFSPs). Congress also understood that some populations (minority, low income, inner city, or rural families) have been historically underserved, and consequently required that states establish plans to reach these groups and provide services that are "culturally competent," knowledgeable, and respectful of the life styles, beliefs, and values of the various groups to be served.

Achieving these goals is challenging. Finding young children (from birth to age 5) who would benefit from early intervention is difficult compared to finding school-age children in need of special services. There is no single entity such as a school system that can be relied upon to make the bulk of referrals for early intervention for very young children. Referrals can come from a variety of sources—doctors, health care professionals, child care providers, parents—if they know when, where, and how to make referrals. These groups must somehow be informed about the nature of disabilities and the services available for eligible young children. Differences in language, culture, or economics can further complicate the process of finding, assessing, and planning programs for young children who would benefit from early intervention.

How, then, can states, districts, and practitioners work effectively to achieve desired results? How can they be sure that their practices are also socially, culturally, and linguistically acceptable to children and families from diverse backgrounds?

The work of two groups can help answer these questions. The first is the Division for Early Childhood (DEC) of The Council for Exceptional Children. DEC was founded in 1973 to promote policies and practices that support families and enhance the optimal development of their children with special needs from birth through age 8. DEC recently updated the book that has served as the standard for effective practice in early childhood special education: *DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families.*[1]

The second group is The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS). The Office of Special Education Programs (OSEP) of the U.S. Department of Education funded CLAS in 1996 as a five-year project to identify effective early intervention practices appropriate for culturally or linguistically diverse children and families. As part of this work, specialists reviewed the research literature on practices in early identification and intervention for young children with disabilities. They looked for practices that met the standards established by DEC and that were also culturally and linguistically appropriate and sensitive. These reviews resulted in a series of 16 technical reports published by CLAS.

This publication presents a digest of pertinent research and recommended practices in the first steps of providing early intervention services for

[1] The new edition of the *DEC Recommended Practices* can be ordered through the Council for Exceptional Children. (To order, call 1.888.CEC.SPED [232.7733] or e-mail service@cec.sped.org.)

young children from culturally and linguistically diverse backgrounds.[2]

Chapter One examines the initial identification and referral stages of the intervention process. The first part of the process, called "child find" in the law, seeks to identify children who have special needs and who may benefit from early intervention services. The chapter also examines the screening and tracking processes that follow. At every step in the process, communication between professionals and families remains a key element: Reaching and working with families from culturally and linguistically diverse backgrounds present special and crucial challenges.

Chapter Two focuses on the next step in the process: evaluation. It presents principles and strategies for culturally and linguistically sensitive assessment planning and offers guidelines for reviewing the appropriateness of assessment materials, with particular attention given to issues of linguistic diversity.

Chapter Three covers the activity that may be seen as both the end of the child find and assessment process and the beginning of the intervention process—developing the IFSP and the IEP. While a number of factors affect the dynamics of developing these plans, cultural and linguistic diversity creates a special challenge for early intervention personnel to be sensitive, flexible, and creative in approaching this important task.

Because its origins are rooted in a review of the research literature, this document addresses the issues in a broad way, outlining the findings of research as they pertain to practice. Although the authors refer to DEC recommended practices, and the research cited discusses "best" or recommended practices, this document is not intended to function as a guide to best practices in early intervention. It is intended to serve as an initial resource for practitioners, policymakers, and researchers, providing the background information they need to make sound decisions about their own practice. The resource section in the appendix can lead interested readers to more detailed information on recommended practices in serving children from culturally and linguistically diverse groups.

[2] The full-text publications upon which this document is based are available at the CLAS Web site (http://clas.uiuc.edu). Refer to the appendix for more details on the CLAS Institute.

Child Find, Screening, and Tracking: Serving Culturally and Linguistically Diverse Children and Families

Shireen Pavri and Susan Fowler

Child find is the organized effort to identify children who have special needs and who could benefit from early intervention services. Child find activities include outreach, initial screening, tracking, and referral for further assessment to determine eligibility for services. Each state must maintain a child find system that includes timelines, mechanisms for making referrals, and ways to coordinate primary referral sources. The state must also have in place a public awareness program to help achieve these goals.

Identifying young children who have developmental delays or who are at risk for such delays is a challenge in today's society. Not all families who have children with special needs choose to participate in child-find activities. The perception of what constitutes a disability or risk for disability may vary widely among families (Harry & Kalyanpur, 1994; Skinner, Rodriguez, & Bailey, 1999). In addition, the extent to which health services and educational agencies refer children and families for screening may also vary (Kochanek & Buka, 1998). Increasing public awareness of what constitutes a developmental delay and what services are available for eligible children and their families is another challenging but important part of child find activities (Berman & Melner, 1992; Edmunds, Martinson, & Goldberg, 1990).

Recognizing that not all children who could benefit from early intervention were being reached, Congress passed legislation beginning with the Individuals with Disabilities Act of 1990, requiring states to make efforts to reach populations that have typically not been involved in early intervention services. This chapter reviews research on child-find activities (including screening and tracking) that involve children and families from culturally or linguistically diverse backgrounds.

Child Find Practices

Medical Referrals

Pediatricians are often the first professionals in a position to refer children for early intervention services. When pediatricians adopt culturally sensitive practices, they can earn the family's trust and assure that appropriate services are provided for the young child.

In an article informing pediatricians about child-find activities and legal requirements*, Solomon (1995) advocates caution in using screening tools, which are usually questionnaires, since they require the respondents, usually the parents, to have a certain level of literacy skills. In addition, some parents from culturally and linguistically diverse backgrounds might need an interpreter to translate these screening questionnaires for them and the validity of translations may vary.

* Legal requirements for child-find services with traditionally underserved populations can be found in The Individuals with Disabilities Education Act Amendments of 1991, P.L. 102-119, Section 303.1 (1991).

The pediatrician is also likely to be the professional who informs families about the possibility that their child has a disability, and who prepares the family for the early intervention system. This task has tremendous implications for culturally sensitive practice, as perceptions of disability and coping patterns have been found to differ among parents of different cultural groups (Groce & Zola, 1993; Harry & Kalyanpur, 1994).

Solomon (1995) suggests several techniques for pediatricians in preparing families for early intervention: The doctor should be honest and explain in clear and simple language his or her diagnostic concerns. He should be sensitive to and care about parents' feelings and show this by listening to them. He should also be knowledgeable about early intervention. Finally, Solomon suggests that the pediatrician offer to become a partner with the family by helping them to secure needed services.

In another study, screening by health care establishments (hospitals and well baby clinics) in urban settings was compared to screening in suburban areas. Brinker, Frazier, Lancelot, and Norman (1989) studied the developmental follow-up rate on infants suspected to be at risk for developmental disabilities. They found the number of infants evaluated at least once after discharge from neonatal intensive care units (NICUs) was higher in suburban areas than urban areas. The developmental screening conducted by health clinics was also higher in suburban areas compared to urban areas.

These findings led the authors to conclude that the geographical residence of the child influenced access to these follow-up activities. Children born in the inner city, although most in need of developmental monitoring and intervention, often did not receive these services.

Non-medical Referrals

Staff in agencies such as day care and early education centers are in a good position to spot developmental delays. They have a ready comparison group of same-age children to help them identify children who are developing at a different rate from their peers.

A study where parents of children with diagnosed disabilities were interviewed over the telephone revealed a socioeconomic bias in identification of children with special needs. Palfrey, Singer, Walker, and Butler (1987) found that low-incidence disorders were identified earlier in white and high-income families. They also found that children were identified earlier if their mothers had a higher education.

Parental Referrals

Families are the most likely to know when their children are not developing as expected. Research reveals that most families are fairly accurate sources of information about their children's developmental patterns (Squires, 1996). However, it is important to obtain data from several sources to identify the multiple risk factors that could affect child development (Green & Payne, 1988; Henderson & Meisels, 1994).

Whether or not a family will seek out early intervention services is influenced by many factors. Families have different levels of tolerance and concern about what might be a developmental delay. Bondurant-Utz and Luciano (1994) found that a number of factors affected a family's decision, including cultural and social values, beliefs about child rearing and family membership, concepts of wellness and disability, educational and socioeconomic background, awareness of typical development, and knowledge about the availability of services. Furthermore, a family's early experiences with service providers may influence its desire to seek out services or continue participation (Harry, 1997; Meisels & Provence, 1989).

Involving Underserved Groups

Federal law requires that states provide for the meaningful involvement of underserved groups in child find activities. However, published documents offer few suggestions for culturally and linguistically sensitive practice.

Access to children and families from culturally and linguistically diverse backgrounds remains one of the greatest obstacles in providing appropriate services (Barrera, 2000). A compounding factor in access is the diversity of communication styles of families and professionals. Barrera (2000) reports data from the CROSSROADS Project indicating the importance of face-to-face, oral communication as a factor in increasing access across cultural and linguistic groups. Personal, familiar, oral communication may be preferable to written communication, especially when initially interacting with families.

Bernstein and Stettner-Eaton (1994) investigated how state interagency coordinating councils (ICCs) for early intervention services addressed issues related to serving underrepresented populations. The authors questioned ICC personnel about which groups in their communities had remained traditionally underserved. The groups they identified varied in ethnic background, geographic residence, and career and lifestyle differences.

Ethnic groups included Hispanic, African-American, Native-American and Asian-American individuals. Geographically, rural and migrant families were reported as hard to reach. Families that were functionally illiterate, had low incomes, were not able to speak English, or were at risk for other reasons were also reported as being underserved, as were families in military installations. The researchers reported that these groups were hard to reach because services were not affordable and families needed transportation and child care.

It is also possible that members of these diverse groups approach early intervention services with a philosophy that differs from that of the dominant, mainstream viewpoint, and are therefore more resistant to initiating contact with service providers. Furthermore, families employed in certain careers, such as the military, may be resistant to securing services because they believe having a child with a disability may adversely affect their careers.

To reach these traditionally underserved populations, ICC members were used as liaisons between families of children with disabilities and the community. ICC members also established parent support groups conducted in the native language of the families and held at a location convenient to the families. Community leaders were educated about early intervention and their help was sought in reaching the targeted families. Other outreach activities included contacting medical providers in the community and giving them information about early intervention services.

Screening and Tracking Practices

Screening and tracking procedures represent the first steps in determining eligibility for early intervention services. Screening procedures, quick and relatively inexpensive, provide a gross index of a child's functioning and suggest parameters of the delay. Children appearing to have delays are referred for a more detailed assessment. *Child tracking* is a system for providing continuous monitoring of the developmental progress of children thought to be at risk of manifesting developmental difficulties (Blackman, 1986), and possibly eligible for early intervention services in the future.

Screening instruments often result in either over- or underidentification of children. In an attempt to enhance the sensitivity of screening instruments, some professionals have recommended the use of developmental surveillance. (Dworkin, 1989; Solomon, Clougherty, Shaffer, Hofkosh, & Edwards, 1994).

Developmental surveillance is a monitoring system that requires skilled professionals to observe children during routine child health care visits and to listen carefully to parents' concerns regarding their child's development, watching for early signs of developmental lags or potential delays. Broader in scope and more flexible in implementation than screening activities, developmental surveillance facilitates early detection of disabilities. This technique is particularly useful for pediatricians and other child health care workers who do not have screening tools readily available (Solomon et al., 1994).

Developmental surveillance might also emerge as a viable alternative for use with children from culturally and linguistically diverse backgrounds who maintain contact over time with the same health care provider. This approach may be more responsive to the parents' reports of their child's progress than screening tools that are often not normed on diverse populations, providing possibly inaccurate and perhaps alarming predictions regarding development.

To ensure continuity of services, it is important for agencies to keep records on children who are at risk for developmental delays. Tracking programs monitor the child's development by either mailing monitoring instruments to the parents who fill them out and return them, or through administration of the instruments during regularly scheduled clinic visits or home visits with the child.

Problems with child tracking are likely to be compounded in agencies serving low-income families in inner-city neighborhoods. Brinker et al. (1989) identified several variables that made child

tracking difficult to use with families from economically depressed communities. It may be difficult to establish contact with families due to their frequent changes in address or telephone number. Parents may be resistant, often because the family's struggle for survival leaves little time or energy for securing intervention services for their children. Finally, community resources for timely evaluations may be lacking.

Additional barriers to serving young children in economically depressed settings were identified by Lequerica (1995). These included the high volume of patient visits in already crowded inner-city hospitals, the lack of physicians with specialized skills needed to diagnose unusual conditions, and a lack of bilingual workers to provide adequate translations. Lequerica also noted that the providers' poor knowledge of community services such as Head Start compounded the problem of referral to suitable agencies.

Culturally Appropriate Screening

Great care needs to be taken in selecting appropriate screening tools to avoid over- or underidentification of children (Bondurant-Utz, 1994; McLean, 1996; 1999). One of the problems associated with underidentification of children with developmental delay is the risk of not providing these children with early intervention services. Overidentification results in a child having an unwarranted disability diagnosis and parental stress related to their child having diagnosed delays. Screening instruments must be culturally validated and contain reliable measures that are accurate in identifying children who are at risk for delays.

With the exception of a few measures (Alberts, Davis, & Prentice, 1995; Feil, Severson, & Walker, 1998), most of the commonly used screening tools are not normed on diverse populations. Still, they continue to be used for early identification of children from diverse populations.

Often, the screening instruments are translated into different languages or an interpreter is used. However, if there are differences between the dialects of the interpreter and the family, or if the interpreter is not fluent in both languages, the translation might not be accurate. Furthermore, the level of difficulty and the meaning of words may change as a result of the translation, significantly influencing the outcome of the screening (Sattler, 1988). Barrera (2000) suggests the use of "mediators" whose role would be to guide the practitioner in becoming aware of the families' values, rules, and behaviors so that she may be responsive to their cultural background. The mediator would also assist the families in becoming familiar with the services, including the rules, values, and behaviors of the service system.

Clearly, the accuracy of screening procedures is increased by the use of multiple data sources such as observations, interviews with caregivers, and direct assessment of the child. Direct assessment in conjunction with parental reports is widely used in home-visiting programs, protective services, health and primary care settings, and teen parenting and preschool programs (Lynch & Hanson, 1998; Henderson & Meisels, 1994; Squires, 1996).

Parents are widely used informants in screening young children because they are the most familiar with their children's strengths and areas of delay (Green & Payne, 1988). Squires (1996) suggests further reasons for using parents as information sources for screening purposes. For one thing, there is a legal mandate for parental involvement. In addition, using parental informants is cost-effective. Finally, the parents' knowledge of their child's development increases as a result of their participation in screening and child find activities.

The convenience and appeal of screening programs are critical factors to consider when reaching out to traditionally underserved populations. An innovative child find model was described by Solomon, Clougherty, Shaffer, Hofkosh, and Edwards (1994), in which trained child development specialists were placed in pediatricians' offices. This model proved to be cost-effective, and it helped train physicians and pediatric residents about early intervention services, while providing accurate developmental screening services to children and families at a convenient location. This program also saved money for the local school district, since the screenings reduced the need for more costly multidisciplinary evaluations.

In another screening program, called Child Development Days, professionals from education, public health, social services, and child care collaborated to inform families about early intervention services and community resources (Wright & Ireton, 1995). The mass media was used to spread the word about the program, and families seeking

services brought their children for screening to community-based sit[illegible]s such as church or community halls, school auditoriums or gyms. Parents participated in a community resources fair, which increased awareness of typical child development and early intervention resources and services available in the community. Such programs are viable alternatives in culturally and linguistically diverse communities.

McLean (1999) recommended the following three criteria for culturally appropriate and effective screening programs: (1) use of multiple sources of information; (2) provision of family-centered services; and (3) evaluation of screening programs to allow for modifications and revisions.

Individuals involved in screening children from culturally and linguistically diverse backgrounds are urged to rely on several different sources of information to obtain a holistic picture of the child's development. These sources include directly observing the child's behavior in natural settings, obtaining information from parents and other care providers about present functioning levels, and using appropriate standardized and performance-based assessments. Family members should be active participants in the screening process, and should be made aware, in advance, of the steps involved in screening as well as the potential outcomes of the screening process.

In addition, McLean (1999) emphasizes the importance of including, on the assessment team, a professional or paraprofessional who is representative of or familiar with the family and child's cultural and linguistic background. Further, when assessing a child for whom English is a second langugage, the assessment team should include a professional experienced in bilingual education.

Culturally Appropriate Tracking

Stressing the need for cultural sensitivity in the tracking process, McLean (1996) stated that "sensitivity to cultural variations and differences among families is critical for a successful tracking program, whether services are home-based or provided at a distance."

Parents play a critical role in the tracking process, either by serving as respondents on monitoring tools or by taking their children to clinics or hospital settings for follow-up assessments and evaluations. The parents' attitudes about their child's disability and their beliefs about the resources they need to promote their child's development influence the family's responsiveness to the early intervention system (Brinker et al.,1989).

Recommended Practices in Child Find, Screening, and Tracking

The Division of Early Childhood of The Council for Exceptional Children has not developed specific guidelines for best practices in child find and related procedures such as screening and tracking. However, researchers, service providers, and professional agencies have made recommendations about best practices for early identification of developmental delay. The following section broadly discusses these suggested best practices, focusing particularly on those practices that relate to serving families from culturally and linguistically diverse communities.

Recommended Practices in Increasing Public Awareness of Early Intervention Services

The most direct way the agency in charge of child find can reach the public is through an outreach effort. Public service announcements (PSAs) regarding child find can be printed in local newspapers (in the language of the readership) and broadcast on the television and radio. PSAs are provided as a free service by the mass media. Posters or notices can be placed in schools, stores, public transport vehicles, physicians' offices, and other appropriate locations. Promotional items such as key chains, magnets, or pens that bear the names and telephone numbers of community resource agencies also can be distributed throughout the community (Berman & Melner, 1992; Kentucky State Dept. of Education, 1991).

Bernstein and Stettner-Eaton (1994) recommend increasing grass-roots participation by using Interagency Coordinating Council members as resources to enhance public awareness of early intervention services. ICC members can educate the public by disseminating information regarding early intervention services by distributing brochures, placing public service announcements, establishing parent support groups, conducting community screenings, and making home visits. Seeking the participation and support of community leaders is also important in raising public awareness of early intervention services. These leaders have a working knowledge of the customs

and beliefs of community members and are often connected to families through informal networks. They are respected by their community members, so they can be critical in influencing families to seek services.

Recommended Practices in Communicating with Primary Referral Sources

Berman and Melner (1992) surveyed personnel working in early intervention agencies to determine the procedures they used to inform primary referral sources about their services. They arrived at the following suggestions for effective practice:

Facilitating interaction with medical professionals

- Communicate with medical/health personnel on an ongoing basis.
- Respect the time of health professionals.
- Understand the culture and jargon of the health care system.

Faciliating interaction with other primary referral sources

- Contact child care providers, social workers, community advocates, social service agencies, and religious organizations to inform them about services.
- Make full use of community resources (e.g., churches, schools, shopping malls) and sites to provide access for first-level screening activities;
- Use Family Resource Coordinators to help families access services.

Facilitating interaction with families

- Make public service announcements on radio and television in the parents' native language.
- Post messages in public buses and trains, and highly frequented community sites.
- Distribute free baby-care kits and attractive novelty items like developmental wheels, magnets, wall calendars, and puzzles with telephone numbers of early intervention services.
- Provide transportation for families to come to screening centers.

It is critical not to overlook the cultural diversity in a community and the range of organizations that should be involved in early intervention activities, such as the clergy, child advocates, community leaders, and parent-support groups. This facilitates reaching traditionally underserved populations and obtaining referrals for families whose children may be most in need of services.

To determine what approaches have been effective, families should be asked how they heard about the early intervention services. Berman and Melner also suggest monitoring the use of child find and public awareness materials and gathering feedback about the child identification process.

Lequerica (1995) stresses the need for interagency collaboration and coordination of services in serving low-income families. Linkages among hospital, educational, and developmental settings make it easier for families to receive services and continue participation in early intervention programs. A bilingual and bicultural worker familiar with cultural systems and the informal norms of a cultural group could serve as a consultant, advocate, and liaison between the families and service agencies (Lequerica, 1995).

Recommended Practices in Enhancing Cultural Sensitivity

Roberts (1990) describes a program as being culturally competent when the program has the "ability to honor and respect those beliefs, interpersonal styles, attitudes, and behaviors both of families who are clients and the multicultural staff who are providing the services" (p.1). Culturally competent practice in the area of child find requires professionals to individualize all procedures to make them appropriate for the specific child and family being served (Anderson & Goldberg, 1991).

Although there are fewer guidelines related to providing culturally and linguistically appropriate child find services, several agencies have developed guidelines for screening.

Writing for the PACER Center, Edmunds, Martinson, and Goldberg (1990) suggest the following strategies:

1. *Public awareness activities.* Outreach activities should be developed in the appropriate language. In some cases oral communication may be used in addition to print media. Involvement of members of the target groups in

outreach efforts, local programs serving these groups, and state support will facilitate reaching the target populations.

2. *Active participation of cultural group members.* Community leaders and other prominent members from different cultural groups should serve in an advisory capacity to identify the service needs of their community.
3. *Recruitment and support of professionals with diverse backgrounds.* There is a need for initiatives to increase the number of professionals from traditionally underrepresented populations in the early childhood field. Representatives from diverse groups should serve on advisory and policy-making committees, and should be supported for taking a stand that better serves the interests of their community members.
4. *Training service providers.* Service providers should serve as a trustworthy resource for cultural communities, being aware of their own cultural backgrounds and sensitive to the needs of persons from different backgrounds. Furthermore, these professionals need to develop collaborative skills in order to work together with families and other service providers.

Anderson and Goldberg (1991) in a publication for the National Early Childhood Technical Assistance System (NECTAS) suggest strategies that may be adopted by policy-makers, parents, and professionals for developing cultural competence in assessment and screening.

Policy-makers should familiarize themselves with the cultural groups within their jurisdictions, communicate with the community leaders, and recruit members of these groups to serve on policy-making committees on screening and assessment. Anderson and Goldberg also recommend that professionals with diverse cultural and linguistic backgrounds be recruited and trained to serve in screening and assessment activities.

They suggest that parents be self-advocates and secure culturally appropriate services by developing community supports, particularly among other parents, and by knowing their rights regarding nondiscriminatory assessment. They also suggest that parents share information about their cultural background to assist professionals in working with their child.

Finally, Anderson and Goldberg advise professionals to individualize screening based on the needs of the particular child and family, and to be flexible in their procedures and the time and place the screening is conducted. Bilingual staff, translators, and interpreters should be used when they are needed. Above all, they note that it is extremely important to develop rapport and trust with the family being served.

Implications

Very little has been published on culturally and linguistically appropriate services for young children in the areas of child find, screening, and tracking, with few empirical studies investigating the effectiveness of the practices recommended in legislation or policy. Members of cultural and linguistic groups are often not represented in developing guidelines for providing services for their community (Bernstein & Stettner-Eaton, 1994). Thus, one can question the validity of these practices when applied to culturally and linguistically diverse families whose resources, beliefs, and experiences may differ from those of the "majority" population.

Technical assistance documents and sample guides issued by state departments of education need to address issues related to cultural and linguistic diversity and include a policy statement requiring school districts or service agencies to develop culturally appropriate child-find procedures. There is a legal requirement for developing appropriate child-find services for traditionally underserved populations.

Another area that has not been addressed in the literature concerns training of personnel to provide culturally appropriate services. Although most documents recommend training, model training programs are needed to provide preservice and inservice training in culturally appropriate practice. Additionally, there needs to be a focus on recruiting individuals with diverse backgrounds to join the early childhood and special education fields, and to advocate for children who are being underidentified or overidentified by a system largely comprising white, middle-class professionals.

Developing screening tools that are normed on diverse populations will be a likely focus area in the years to come. Alternate screening procedures may need to be used with young children from diverse backgrounds.

Susan A. Fowler is the Principal Investigator of the CLAS Early Childhood Research Institute, Professor and Dean of the College of Education, University of Illinois. Her current research interests include transition between services for families of infants and young children with disabilities and issues of culturally and linguistically appropriate services in early childhood.

Shireen Pavri is an assistant professor of special education at California State University, Long Beach. Her research interests include the social functioning and self-perceptions of students with mild disabilities in inclusive schools and assessment of students from culturally and linguistically diverse backgrounds.

References

Alberts, F. M., Davis, B. L., & Prentice, L. (1995). Validity of an observation screening instrument in a multicultural population. *Journal of Early Intervention, 19,* 168-177.

Anderson, M., & Goldberg, P. F. (1991). *Cultural competence in screening and assessment: Implications for services to young children with special needs ages birth through five.* Chapel Hill, NC: National Early Childhood Technical Assistance System (NECTAS). (ERIC Document Reproduction Service No. ED 370313)

Barrera, I. (2000). Honoring difference: Essential features of appropriate ECSE services for young children from diverse sociocultural environments. *Young Exceptional Children, 3*(4), 17-24.

Berman, C., & Melner, J. (1992). *Communicating with primary referral sources: A synthesis report.* Chapel Hill, NC: National Early Childhood Technical Assistance System (NECTAS). (ERIC Document Reproduction Service No. ED 349754)

Bernstein, H. K., & Stettner-Eaton, B. (1994). Cultural inclusion in Part H: Systems development. *Infant Toddler Intervention: A Transdisciplinary Journal, 4,* 1-10.

Blackman, J. A. (1986). *Warning signals: Basic criteria for tracking at-risk infants and toddlers.* Washington, DC: National Center for Clinical Infant Programs.

Bondurant-Utz, J. A. (1994). Screening and Identification. In J. A. Bondurant-Utz & L. B. Luciano (Eds.), *A practical guide to infant and preschool assessment in special education.* Boston, MA: Allyn & Bacon.

Bondurant-Utz, J. A., & Luciano, L. B. (1994). *A practical guide to infant and preschool assessment in special education.* Boston, MA: Allyn & Bacon.

Brinker, R. P., Frazier, W., Lancelot, B., & Norman, J. (1989). Identifying young infants from the inner city for early intervention. *Infants and Young Children, 2,* 49-58.

Dworkin, P. H. (1989). British and American recommendations for developmental monitoring: The role of surveillance. *Pediatrics, 84,* 1000-1010.

Edmunds, P., Martinson, S. A., & Goldberg, P. F. (1990). *Demographics and cultural diversity in the 1990s: Implications for services to young children with special needs.* Minneapolis, MN: PACER Center, Inc. (ERIC Document Reproduction Service No. ED 325565)

Feil E. G., Severson, H. H., & Walker, H. M. (1998). Screening for emotional and behavioral delays: The Early Screening Project. *Journal of Early Intervention, 21*(3), 252-256.

Green, H. G., & Payne, L. J. (1988). The usefulness of information gathered from parents in the identification of young children with handicaps: A review and discussion. *Early Child Development and Care, 30,* 181-186.

Groce, N. E., & Zola, I. K. (1993). Multiculturalism, chronic illness, and disability. *Pediatrics, 91*(5), 1048-1055.

Hanson, M. J., & Lynch, E. W. (1995). *Implementing child and family services for infants and toddlers who are at-risk or disabled.* Austin, TX: PRO-ED.

Harry, B., & Kalyanpur, M. (1994). Cultural underpinnings of special education: Implications for professional interactions with culturally diverse families. *Disability and Society, 9*(2), 145-165.

Harry, B. (1997). Leaning forward or bending over backwards: Cultural reciprocity in working with families. *Journal of Early Intervention, 21*(1), 62-72.

Henderson, L. W., & Meisels, S. J. (1994). Parental involvement in the developmental screening of their young children: A multiple-source perspective. *Journal of Early Intervention, 18,* 141-154.

Kentucky State Department of Education (1991). *Child identification sample procedures: A technical assistance document.* Frankfort, KY: Bureau of Education for Exceptional Children. (ERIC Document Reproduction Service No. ED 346674)

Kochanek, T. K., & Buka, S. L. (1998). Patterns of service utilization: Child, maternal, and service provider factors. *Journal of Early Intervention, 21*(3), 217-231.

Lequerica, M. (1995). A culturally sensitive approach to serving low-income Latino preschoolers. *Infant Toddler Intervention: A Transdisciplinary Journal, 5*(2), 193-206.

Lynch, E. W., & Hanson, M. J. (1998). Steps in the right direction: Implications for interventionists. In E. W. Lynch & M. J. Hanson (Eds.). *Developing cross-cultural competence: A guide for working with young children and their families* (pp. 491-512). Baltimore, MD: Brookes Publishing Company.

McLean, M. (1996). Child find, tracking, and screening. In M. McLean, D. Bailey, & M. Wolery (Eds.), *Assessing infants and preschoolers with special needs.* pp. 96-122. Columbus, OH: Merrill/Prentice Hall.

McLean, M. (1999). Assessing young children for whom English is a second language. *Young Exceptional Children, 1*(3), 20-26.

Meisels, S. J., & Provence, S. (1989). *Screening and assessment: Guidelines for identifying young disabled and developmentally vulnerable children and their families.* Washington, DC: National Center for Clinical Infant Programs.

Palfrey, J. S., Singer, J. D., Walker, D. K., & Butler, J. A. (1987). Early identification of children's special needs: A study in five metropolitan communities. *The Journal of Pediatrics, 111,* 651-659.

Roberts, R. N. (1990). *Workbook for developing culturally competent programs for families of children with special needs* (2nd ed.). Washington, DC: Georgetown University Child Development Center.

Sattler, J. (1988). *Assessment of children.* San Diego, CA: Author.

Skinner, D., Rodriguez, P., & Bailey, D. B. (1999). Qualitative analysis of Latino parents' religious interpretations of their child's disability. *Journal of Early Intervention, 22*(4), 271-285.

Solomon, R. (1995). Pediatricians and early intervention: Everything you need to know but are too busy to ask. *Infants and Young Children, 7*(3), 38-51.

Solomon, R., Clougherty, S., Shaffer, D., Hofkosh, D., & Edwards, M. (1994). Community-based developmental assessment sites: A new model for pediatric "child-find" activities. *Infants and Young Children, 7,* 67-71.

Squires, J. (1996). Parent-completed developmental questionnaires: A low-cost strategy for child-find and screening. *Infants and Young Children, 9,* 16-28.

Wright, A., & Ireton, H. (1995). Child development delays: A new approach to screening for early intervention. *Journal of Early Intervention, 19,* 253-263.

Conducting Culturally Sensitive Child Assessments

Mary McLean

The evaluation and assessment of infants, toddlers and preschoolers who are culturally or linguistically diverse presents significant challenges to early childhood professionals. When the outcome of assessment is determination of eligibility for special education services, the cost of error is greatly increased. The fact that the number of children in special education who are culturally and linguistically diverse is higher than expected reflects the potential for error in the assessment process (Yansen & Shulman, 1996).

It is also possible, however, for children who need early intervention services to go unserved because of the difficulty of distinguishing between cultural and linguistic differences and the presence of a disability. Screening and assessment practices must be carefully evaluated in terms of cultural biases that could cause either over- or underrepresentation of children from various cultural and linguistic groups.

DEC Recommended Practices

A review of the literature relevant to serving children and families who are culturally and linguistically diverse reveals that while the identified DEC recommended practices for assessment (Neisworth & Bagnato, 2000) are probably not inappropriate for these groups, there are important practices that should be added to ensure more culturally and linguistically appropriate assessment practices. Specifically, it appears that at least three practices should be added to the assessment strand:

1. Prior to assessment, professionals gather information in order to determine whether a child should be referred for assessment for special education or whether a child's patterns of development and behavior can be explained by language or cultural differences.
2. Appropriate procedures are followed to determine which language should be used in assessing the child and to understand the impact of second language acquisition on the child's development and performance in the early childhood setting.
3. Appropriate assessment strategies are tailored to the individual child and family when culturally appropriate and nonbiased instruments cannot be identified.

Gathering Pre-Referral Information

According to Ortiz and Maldonado-Colon (1986), the key to reducing inappropriate special education placements is to reduce inappropriate referrals for evaluation. Early childhood educators need to carefully collect and analyze information on a young child who is culturally or linguistically diverse prior to making the initial referral for assessment of eligibility for special education. Information about the child's development, the socio-cultural context of the child's family, and a comparison of the child's development to the developmental patterns of other children from a similar background can be helpful. Based on the work of Billings, Pearson, Gill, and Shureen

(1997) and Langdon (1989), the following can be used as a guide for ensuring that referrals are based on complete information about the child:

1. Adequate information about the language dominance and proficiency of the parents has been obtained and, if needed, an interpreter/translator has been identified to facilitate communication with the family.
2. Information about the language dominance and proficiency of other caregivers or children who interact routinely with the child has been identified.
3. The family has been asked to share its impressions of the child's development.
4. With the family's permission, other service providers and caregivers have been asked to share their impressions of the child's development.
5. If needed, a *cultural guide* has been asked to help interpret the child's behavior. A *cultural guide* is an individual from the same culture and preferably from the same community as the child, who can assist in judging the influence of culture on the child's behavior.
6. All developmental domains, including hearing and vision, have been screened.
7. Screening for language proficiency and dominance has been completed.
8. The child has been observed both in the early childhood setting and at home.
9. The child has had sufficient time to become accustomed to the linguistic and social environment of the early childhood setting.
10. The child's social, cognitive, and motor skills have been observed in non-language-mediated situations.

A team from the early childhood setting should consider the information yielded from the above and should compare the child's behavior and development to other children from a similar background if possible. Referral for evaluation for special education or early intervention services should be made if the team still suspects that a disability may be present.

Table 1. Strategies for a Culturally/Linguistically Sensitive Assessment Plan

1. Assessment of language dominance and proficiency must be completed before planning further assessment.
2. Formal testing might be done by a professional who is from or who is very knowledgeable about the child's cultural group and who speaks the same language or dialect that is the child's primary language.
3. Formal testing might be done with the assistance of an interpreter/translator or a cultural guide who works with the assessment team in administering and interpreting assessments.
4. Any test that might be used should be examined for cultural bias by a person from the cultural group. Modifications can be made so that items will be culturally appropriate. These modifications, however, may invalidate the scoring of the instrument. In this case, the test can be used as a descriptive measure rather than for reporting scores.
5. Informal methods, such as observations, interviews of parents and caregivers, and play-based assessment in a comfortable, familiar setting should be used in addition to more formal methods (Santos de Barona & Barona, 1991).

Linguistic Diversity

All young children in the age range of birth through five are still in the process of acquiring their first language. Acquiring a second language can produce complex effects on the child's language, cognitive, and social development.

Professionals who engage in the assessment of young children with limited proficiency in English frequently experience frustration in the selection of appropriate assessment instruments and strategies. However, suggested guidelines (some of which appear in this chapter) can help the assessment team plan and implement assessment procedures in a way that will yield diagnostically helpful information.

Children who are bilingual are a heterogeneous group; the degree of proficiency achieved in both languages will vary depending on when and how extensively the child has been exposed to the languages. Bilingualism is often described according

to the age of acquisition of the second language, environmental influences on the language, and the degree of proficiency in the languages. Simultaneous bilingualism refers to the child who has heard two languages since birth; preschool successive bilingualism refers to the child who learns a second language after age 3; school-age successive bilingualism refers to the child who learns another language after the age of five (Moore & Beatty, 1995).

Kayser (1989) reminds us that the degree of bilingual proficiency actually achieved by a child will depend on many factors, including linguistic, social, emotional, cognitive, political, demographic, and cultural factors. Several authors have also pointed out that educational factors (the match between teaching style and learning style) may also play a role once children are in educational programs (Barrera, 1993; Kayser, 1993).

In the past, it was believed that learning a second language could be detrimental to the development of the child's first language, but it is now generally believed that bilingualism may actually enhance cognitive and social development (Hakuta, 1986; McCardle, Kim, Grube, & Randall, 1995). However, the possibility that learning a second language may actually result in a temporary lack of proficiency in both languages is very real and must be seriously considered as assessment teams are evaluating a child for a possible language delay or disorder (Schiff-Meyers, 1992).

Limited English proficiency alone is not sufficient reason for referring a child for assessment for special education services. In considering whether or not to refer a young child who is learning English as a second language for assessment for special education, early childhood educators should consider whether the child is having difficulty communicating effectively at home or in the cultural community. Observations of the child's progress or lack of progress in learning English in comparison to peers who are also learning English should also be considered (Billings et al., 1997). However, once the decision is made to refer a child for assessment, much information needs to be gathered so that the assessment team can make an informed decision.

Assessment procedures for children who are linguistically diverse must by necessity be different from typical assessment procedures (Lund & Duchan, 1993; Mattes & Omark, 1991; Roseberry-McKibbin, 1994). Many of the recommended practices for children who are English monolingual are also recommended for children who are learning English as a second language. For example, using multiple measures, gathering information in a natural environment, using a multidisciplinary team approach, and using a family-centered approach are all recommended (Bondurant-Utz, 1994).

However, the necessity of achieving assessment results that are not biased by the child's language or cultural diversity will require careful selection of instruments and strategies. (See Table 1.) The linguistic background of the child must be understood so that the team can consider the possibility of language loss or arrested language development due to the development of the second language (Schiff-Meyers, 1992).

According to Yansen and Shulman (1996), the team must follow a sequential process of assessment with children who are linguistically diverse. This begins with assessing the child's language dominance and proficiency skills in all languages. *Language proficiency* refers to the child's fluency and competence in using a particular language. *Language dominance* refers to the language that the child prefers to speak and that the child speaks most proficiently at the time of assessment (Roseberry-McKibbin, 1994).

Since the Individuals with Disabilities Education Act requires that testing must be done in the language or mode of communication in which the child is most proficient, most school systems administer a language dominance measure to determine which language should be used for assessment. Unfortunately, determining language dominance can be quite complex and frequently cannot be reduced to a simple test of language skill in two languages (Kayser, 1989).

Language dominance may vary depending on the aspect of language that is being assessed. In addition, the context in which the assessment is completed may affect the young child's use of language. Roseberry-McKibbin (1994) suggests that measuring proficiency should consist of completion of a language background questionnaire by parents or caregivers, teacher and parent or caregiver interviews, and scores on both formal and informal language measures. Kayser (1989) recommends the use of a systematic and quantifiable

Table 2. Guidelines for Reviewing Assessment Materials for Cultural Sensitivity

1. Does the assessment provide guidance in determining whether referral for evaluation for special education is appropriate?
2. Does the assessment provide guidance for including the family in the assessment?
3. Are strategies for pre-assessment planning identified?
4. Are strategies for assessing language dominance and proficiency identified?
5. Are strategies for using a cultural guide to review the items and/or interpret the child's behavior identified?
6. Are strategies for using an interpreter/translator identified?
7. If the assessment is norm-referenced, which cultural groups have been included in the norming population? Are separate norms available for the cultural group?
8. If the assessment says it is appropriate for specific cultural groups, has information about child-rearing practices and child development for children from those groups been incorporated into the assessment?
9. Are suggestions for modifying the assessment for children from other cultural groups included?
10. Does the instrument include recommendations for interpreting the behavior of children who are culturally or linguistically diverse?
11. Does the instrument include recommendations for observing the child in other environments?
12. Does the instrument include recommendations for obtaining and utilizing information from family members or child care providers?
13. Does the instrument include recommendations for reporting information to family members?
14. Does the instrument include recommendations for distinguishing between the presence of a disability and the impact of cultural or linguistic diversity on the child's development and behavior?

Source: CLAS Review Guidelines (found on the CLAS Website: http://www.clas.uiuc.edu)

observation procedure with support from questionnaires from the parents and caregivers.

However, assessing the child only in the language that appears to be the dominant language may not be the best practice. Barrera Metz (1991) stresses that children should be assessed in both L1 (the native language or primary language) and L2 (the acquired language). She warns that the practice of testing only in the dominant language does not yield all the information that is needed since it will not allow the assessment team to consider the effect that acquiring L2 may be having on L1.

Furthermore, rather than assessing only vocabulary and grammar in both languages, it is recommended that proficiency tests focus on communication competence, which includes the ability to use the language functionally in conversation with peers and adults both in school and at home (Ortiz, 1984).

For children who are learning to read and write, additional information may be needed. Roseberry-McKibbin (1994) warns that the practice of assessing proficiency only in speaking and listening, as opposed to reading and writing, may lead to misinterpretation of a child's needs. Basic conversational skills develop more quickly in second language acquisition than cognitive-academic language proficiency; it can take five to seven years for a child to achieve a level commensurate with monolingual speakers.

Children who are found to be proficient in English on the basis of a test of conversational skills in English may have great difficulty with the academic use of English and therefore may incorrectly be found to need special education. Unless the assessment team is aware of the impact of second language learning on a child's skills with written English, the child may be incorrectly diagnosed as having a disability and unnecessarily referred for special education.

Selection of Instruments/Strategies

The DEC Recommended Practices state that assessment approaches and instruments that are culturally appropriate and nonbiased should be used in assessing young children. Identifying instruments and strategies that are appropriate and nonbiased for young children who are referred for evaluation is a challenge.

Most instruments that are norm-referenced have not included children who are culturally and linguistically diverse in the norming population. Other instruments used to determine eligibility for early intervention services have not been normed on any population of children but instead rely on child development "milestones" taken from other tests or research involving primarily children from Euro-American, middle-class backgrounds (Bailey & Nabors, 1996). Even instruments that have included representatives from diverse populations may not be a good match for the particular child being tested.

The assessment team will need to read the examiner's manual very carefully to determine how appropriate an instrument is for a particular child. (Guidelines are provided in Table 2.) For example, even though some instruments have been translated into another language, only English speaking children were represented in the norms.

A test that has been translated may reflect a particular dialect of language and culture that is not appropriate for the child being tested. For example, in the Latino population, there are both cultural and linguistic differences among Puerto Ricans, Cubans, Mexicans, and other groups from South America. Furthermore, tests that have been written in another language and normed on a population of monolingual speakers of that language may not be appropriate for children who are bilingual or who are immersed in an English educational environment (Figueroa, 1989; Schiff-Myers, 1992).

A procedure commonly used by test developers is to include some children from diverse populations in the standardization population (usually in proportions consistent with the latest census) and then to eliminate items that demonstrate a bias against these groups. However, language or dialect differences and cultural differences still may put a child at a disadvantage in using norms derived in this manner.

The assessment team will need to design an assessment plan that is tailored to the child being evaluated. It is recommended that the assessment team include the family, at least one other person who speaks the child's language and is familiar with the child's culture, and, when assessing a bilingual child, at least one member who is experienced in bilingual education (Bondurant-Utz, 1994). In general, it is recommended that the assessment plan include a variety of formal and informal procedures including observation in school and home settings, interviews with family members and child care providers, and, of course, careful selection of assessment instruments.

Mary McLean is a professor in the Department of Exceptional Education at the University of Wisconsin-Milwaukee, where she is also Director of the Early Childhood Research Center. Formerly she was head of the early childhood special education program at the University of North Dakota, where she directed a program preparing early intervention personnel for rural and reservation areas. Dr. McLean has edited a textbook on assessment and co-edited *DEC Recommended Practices in Early Intervention/Early Childhood Special Education.*

References

Bailey, D., & Nabors, L. (1996). Tests and test development. In M. McLean, D. Bailey, & M. Wolery (Eds.), *Assessing infants and preschoolers with special needs* (pp. 24-45). Columbus, OH: Merrill.

Barrera, I. (1993). Effective and appropriate instruction for all children: The challenge of cultural/linguistic diversity and young children with special needs. *Topics in Early Childhood Special Education, 13*(4), 461-487.

Barrera Metz, I. (1991). Learning from personal experiences. In M. Anderson & P. Goldberg (Eds.), *Cultural competence in screening and assessment: Implications for services to young children with special needs ages birth through five.* Chapel Hill, NC: National Early Childhood Technical Assistance System.

Billings, J. A., Pearson, J., Gill, D. H., & Shureen, A. (1997). *Evaluation and assessment in early childhood special education.* Olympia, WA: Office of the Superintendent of Public Instruction.

Bondurant-Utz, J. (1994). Cultural diversity. In J. A. Bondurant-Utz & L. B. Luciano (Eds.), *A practical guide to infant and preschool assessment in special education* (pp. 73-98). Boston, MA: Allyn & Bacon.

Figueroa, R. A. (1989). Psychological testing of linguistic-minority students: Knowledge gaps and regulations. *Exceptional Children, 56*(2), 145-152.

Hakuta, K. (1986). *Mirror of language: The debate on bilingualism.* New York, NY: Basic Books.

Kayser, H. (1989). Speech and language assessment of Spanish-English speaking children. *Language, Speech and Hearing Services in Schools, 20,* 226-244.

Kayser, H. (1993). Hispanic cultures. In D. E. Battle (Ed.), *Communication disorders in multicultural populations* (pp. 114-157). Boston, MA: Andover Medical Publishers.

Langdon, H. W. (1989). Language disorder or difference? Assessing the language skills of Hispanic students. *Exceptional Children, 56*(2), 160-167.

Lund, N. J., & Duchan, J. F. (1993). *Assessing children's language in naturalistic contexts* (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.

Mattes, L. J., & Omark, D. R. (1991). *Speech and language assessment for the bilingual handicapped* (2nd ed.). Oceanside, CA: Academic Communication Associates.

McCardle, P., Kim, J., Grube, C., & Randall, V. (1995). An approach to bilingualism in early intervention. *Infants and Young Children, 7*(3), 63-73.

Moore, S. M., & Beatty, J. (1995). *Developing cultural competence in early childhood assessment.* Boulder, CO: University of Colorado at Boulder.

Neisworth, J., & Bagnato, S. (2000). Recommended practices in assessment. In S. Sandall, M. McLean, and B. Smith (Eds.) *DEC Recommended Practices for Early Intervention / Early Childhood Special Education.* Longmont, CO: Sopris Publishing Co.

Ortiz, A. (1984). Choosing the language of instruction for exceptional bilingual children. *Teaching Exceptional Children, 16,* 208-212.

Ortiz, A., & Maldonado-Colon, E. (1986). Reducing inappropriate referrals of language minority students to special education. In A. C. Willig & H. F. Greenberg (Eds.) *Bilingualism and Learning Disabilities: Policy and Practice for Teachers and Administrators.* New York, NY: American Publishing Co.

Roseberry-McKibbin, C. (1994). Assessment and intervention for children with limited English proficiency and language disorders. *American Journal of Speech-Language Pathology, 3*(3), 77-88.

Santos de Barona, M., & Barona, A. (1991). The assessment of culturally and linguistically different preschoolers. *Early Childhood Research Quarterly, 6,* 363-376.

Schiff-Meyers, N. (1992). Considering arrested language development and language loss in the assessment of second language learners. *Language, Speech, and Hearing Services in Schools, 23,* 28-33.

Yansen, E., & Shulman, E. (1996). Language assessment: Multicultural considerations. In L. Suzuki, P. Meller, & J. Ponterotto (Eds.), *The handbook of multicultural assessment* (pp. 353-393). San Francisco, CA: Jossey-Bass.

Embracing Cultural and Linguistic Diversity During the IFSP and IEP Process: Implications From DEC Recommended Practice

Chun Zhang and Tess Bennett

Key components of IDEA (1991, 1997) and Public Law 99-457 (The Education of the Handicapped Act Amendments of 1986) recognize family involvement and family-professional collaboration as essential in developing the individualized family service plan (IFSP) and the individualized education program (IEP). These two documents ensure the provision of early intervention services to children with disabilities from birth to age five and their families. They are at the heart of the intervention process, promoting collaboration between families and service providers.

The IFSP is a process in which goals and objectives are developed by a multidisciplinary and interagency team consisting of parents, family members, a service coordinator who may be the parent or a service provider, and other professionals involved in providing early intervention services. The components of the IFSP document include the following:

(a) the child's current level of development in five domains;

(b) the family's priorities, concerns, and resources;

(c) the major outcomes expected to be achieved;

(d) the specific early intervention services to be provided in the natural environments;

(e) the projected dates for the initiation and duration of the services to be provided;

(f) the name of the person who will be coordinating the services; and

(g) the steps for supporting the transition to special education services (Yell, 1998).

The IFSP must also "include a justification of the extent, if any, to which early intervention services will not be provided in a natural environment" (*CEC Today*, 1999, p. 15).

"An IEP is a process in which an IEP team develops an appropriate program and a written document delineating the special education and related services to be provided to an eligible student" (Yell, 1998, p. 169). An IEP must include the following:

(a) the student's present level of performance,

(b) disability classification,

(c) recommended program placement,

(d) related services to be provided,

(e) annual goals and short-term instructional objectives,

(f) timeline for the projected goals to be accomplished, and

(g) evaluation methods (Mervis & Leininger, 1992).

The IEP must provide a justification of "the extent to which the child will not participate with children without disabilities in the general education class" (*CEC Today*, 1999, p. 9). The 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA) states that a preschool child with a disability may have an IFSP rather than

an IEP at state and local discretion and if the parent agrees. In some states, IFSPs can be used with children (from birth to age five) with special needs; whereas in other states, IFSPs can be used only with infants and toddlers, and IEPs must be developed for children three to five years of age.

DEC Recommended Practices

The legislative recognition of the importance of early intervention has sparked professionals, advocacy groups, and policymakers to develop and provide quality services to infants and young children with disabilities and their families. One of the first documents to recommend practices for writing and implementing the IFSP was derived from the consensus of a working group of professionals convened in 1988 (McGonigel, Kaufmann, & Johnson, 1991). In 1991, the Division for Early Childhood (DEC) of The Council for Exceptional Children (CEC) initiated a process to identify quality indicators for 14 practices in Early Intervention and Early Childhood Special Education (EI/ECSE). These standards of practice have been guiding interventionists and teachers in the EI/ECSE fields to appropriate practice in IFSP/IEP development as well as assessment, planning, intervention, and evaluation. Recently, DEC updated these practices and compiled them in the DEC Recommended Practices in Early Intervention/Early Childhood Special Education (2000) by Sandall, McLean, and Smith. Changes in the recommended practices reflect changes in the field of EI and ECSE. In particular, Sandall et al. (2000) report that changes in recommended practices are the result of increased recognition of "the influence of early years on learning and development," "the need for quality care for young children," and "the rights of children with disabilities to have access to child care, education, and recreational activities." (Sandall et al., pp. 6 & 7). In addition, the DEC recommended practices reflect the understanding that "culture and language are integrated within each of us and within each child and family. Each individual's culture and language should be honored and acknowledged in ways that do not make them seem unusual or exotic" (Sandall et al., p. 8). To this end, the current DEC recommended practices emphasize the family's role in decision-making and choice in each aspect of intervention. The current recommended practices also highlight the professionals' responsibility in providing responsive, appropriate, and culturally and linguistically sensitive intervention.

The DEC recommended practices for the IFSP and IEP process establish fundamental guidelines for working with families. These recommendations convey a sense of respect for families' rights, options, and preferences; the importance of a collaborative relationship; and the importance of weaving together the strengths and resources of the family with intrafamily, informal and formal, and community supports to enhance the IFSP/IEP process. While each recommended practice does not directly address culture, the climate of the recommended standards promotes concepts and principles that are inclusive of all families. These recommended practices must be interpreted in light of the unique variations in the families who may differ from the dominant European American population. For example, practice F14 states: "Practices, supports, and resources incorporate family beliefs and values into decisions, intervention plans, and resources, and support mobilization" (Sandall et al., p. 46). This practice will be implemented in as many unique ways as there are unique families.

The absence of a cultural perspective would most likely affect every aspect of early intervention practice (e. g., policy making, personnel training, developing service delivery strategies) (Lynch & Hanson, 1998). For example, Turbiville et al. (1996) emphasize that "the development of an IFSP or IEP requires that service providers listen to families to understand each family's specific cultural background" (p. 83), and that the IFSP outcomes are to be consistent with the family's values and culture. A disposition of acceptance and adaptation to a broad array of differences (e. g., language, religion, education, socioeconomic status, ethnicity, cultural beliefs and values) is necessary for service providers to effectively work with families from culturally and linguistically diverse backgrounds (Lynch & Hanson, 1998; Shu-Minutoli, 1995).

In this chapter, we use the term diverse families to refer to families from varying cultural and linguistic backgrounds. We discuss key elements of the IFSP and IEP process as it relates to the current DEC recommended practices, and suggest factors and aspects that have special consideration when approaching intervention from a

culturally and linguistically sensitive and responsive perspective.

Key Elements of Family-Based Practices as They Relate to the IFSP/IEP Process

Processes Are Individualized and Flexible

Culturally and linguistically appropriate strategies need to be emphasized when working with all families, particularly when working with diverse families. The IFSP/ IEP process needs to be adaptive and flexible (Bennett, Zhang, & Hojnar, 1998). In a study by Able-Boone, Sandall, Loughry, and Frederick (1990), families indicated that flexibility was the overarching principle under which early intervention services should be provided. The IFSP should be a dynamic process in which individual families' changing needs drive the service delivery.

Some important factors affect family-professional interaction and relationships. These include language differences, communication styles, and families' views about child development, disability, early intervention, and roles of professionals (Anderson, 1989; Bennett et al., 1998; Harry, 1992a; Lynch & Hanson, 1998). For example, families may prioritize independent feeding for their toddler differently than other families or professionals. Families may also differ in the way they want to monitor their child's progress (McLean, 1997). When developing IFSP goals, some families of infants and toddlers may not consider self-help skills (e. g., independent feeding) a priority for intervention (Gallagher, 1998; Harry, 1998). In this situation professionals need to listen to the family's priorities and maintain flexibility in developing goals that are important to the family. IFSP or IEP planning must consider all family needs and preferences that emerge.

The IFSP process needs to be adaptive. For example, a cultural broker has not traditionally been part of the multi-disciplinary team during the assessment process. A cultural broker or cultural guide is an individual from the same culture or community as the child, who assists in interpreting the child's behaviors based on the child's culture (Barrera, 1994). Professionals may need to adapt their strategies when involving families in the decision-making (Anderson, 1998; Lynch & Hanson, 1998). For example, ideas about appropriate roles for professionals and parents may differ among culture. Parents may prefer to leave the decisions about the best intervention to the experts. Interventionists can adapt their expectations to meet the needs of parents who may be uncomfortable taking on the "teacher" role.

The DEC recommended practices emphasize the individualization principle for working with families. Individualizing the IFSP/IEP process involves tailoring the resources and supports not only to the family's needs and preferences, but to each family member's priorities, even when these may be different. In addition, family beliefs and values must be incorporated into the IFSP/IEP process. Interventionists must respond to families with supports and resources that reflect the cultural, ethnic, racial, linguistic, and socioeconomic characteristics of the family and community. Only when professionals become sensitive to and accepting of the multiple layers of differences and adapt their practices in response to families' beliefs, concerns, needs, and priorities can a family-centered approach be developed and implemented.

Practices Strengthen Family Functioning

The DEC recommended practices fully support a family-focused approach to every aspect of the intervention process. They highlight respecting family rights, options, and preferences in developing IFSP and IEP. The recommended practices address family options in the selection of a service coordinator, emotional support and practical assistance, level of decision-making, priorities in outcomes, goals, and objectives in IFSP/IEP development, as well as choices from service settings. These practices are consistent with the key components of a family-centered approach, which includes providing families with choices, a key role in decision-making, and resources and supports that strengthen confidence and competence. Powell, Batsche, Ferro, Fox, and Dunlap (1997) state, "The family-professional relationship starts not from an assessment of problems related to the child with a disability but from an attempt to fully understand the ways in which the family successfully accomplishes its goals and manages its problems" (p 4). Service providers who focus on the family's knowledge, competence, and resources are better able to understand the family's coping style and functioning (Dunst, Trivette, & Mott, 1994). Familes are the experts about their own children and are often the constant caregivers of their

children with disabilities (Shelton, Jeppson, & Johnson, 1987).

Identification and utilization of families' existing strengths and resources are key pieces of the DEC recommended practices. Indeed, "Intrafamily, informal, community, and formal supports and resources are used to achieve desired outcomes" (Recommended Practice F8). Families have their own social networks. In times of need and crisis, families may seek support from friends, extended family members, other families of children with special needs, and community organizations (Dunst, Trivette, & Deal, 1994). Thompson, Lobb, Elling, Herman, Jurkiewicz, and Lulleza (1997) point out that "Part H [of IDEA] did not explicitly seek to exploit the informal and community-based resources for supporting families" (p. 109). Professionals and agencies may need to guide families to identify and utilize untapped resources. The DEC recommended practices encourage professionals to promote practices, supports, and resources that strengthen the family's competence and sustain family functioning.

As family-centered intervention is implemented throughout the service system, the notion of who constitutes family has broadened to include a wide range of people who may influence the child's life. Families can be encouraged to invite important individuals to participate in the IFSP and IEP process (Rhodes, 1996). When the family's preference for whom to include in the intervention process is acknowledged, the composition of the IFSP/IEP team may include friends, spiritual or religious leaders, cultural brokers, etc. Family functioning can be extended when parents or caregivers have a choice about who else should be integrated into the service delivery process.

Families and Professionals Share Responsibility and Work Collaboratively

The DEC recommended practices have a language and a tone of respect for families' needs and priorities and an emphasis on enhancing the families' competence and confidence through their interactions within the service delivery system. As such, families (in the broadest sense of the term) are integral members of the intervention team. To involve families as part of the team and to develop partnerships with families, several factors need to be considered. Time to establish trust and rapport with families is crucial (Nelson, Smith, & Dodd, 1992). However, establishing trust is a lengthy, ongoing process. When professionals are open, honest, and empathetic, and when professionals show a genuine interest in honoring and supporting the families' beliefs, values and preferences, it is more likely that families will work toward developing a trusting relationship with them. Taking cues from families in terms of important topics for discussion and areas of concern about the child with a disability is essential in working toward a mutually supportive and respectful relationship. Sensitivity to a family's readiness for discussion of certain topics is important.

Effective communication is the key for developing this mutual understanding and collaboration. Communication barriers exist in different forms and situations (e. g., language differences, nonverbal cues). The family's reading level, English proficiency, and the use of interpreters and translators need to be considered when professionals exchange information with families during the IFSP/IEP process. Often families communicate more through nonverbal than verbal means (Bennett et al., 1998). Professionals need to be observant and understand how to read nonverbal cues, and most importantly they need to be cognizant of the fact that nonverbal cues can have different meanings across cultures. Eye contact is an excellent example of an often misunderstood nonverbal cue that may mean respect in one culture and dominance in another. Verbal communication may also be a barrier to building trusting relationships. For example, the use of terminology across languages may have very different meanings. Even in the same language terminology may be an issue. For some families the classification of "learning disability" or "mental retardation" may be confusing or may create stress and tension if the family does not see their child's differences as severe enough to be called a "disability" (Harry, 1997). Such a difference in the meaning of disability can be a barrier to developing common goals for the child.

Practices are Strength- and Assets-Based

Perhaps one of the most critical practices in early intervention is basing all interactions on a strength-based perspective. Since the introduction of family-centered services, professionals have been challenged to consider and incorporate family strengths in the intervention process. A key component of the IFSP/IEP process is the focus of child and family strengths. Family strengths

include a wide range of characteristics that exist within the family, within the individual, the extended family, friends, and the community. Strengths and assets also include the families' perceptions and beliefs. Identifying these strengths and assets may be difficult when the families' beliefs and values differ from those of the interventionist or teacher. Table 1 provides a list of questions that professionals can use to guide them to tap into the family's strengths and assets. These questions represent standards of practice when working with families and can open professionals to practices that support a culturally and linguistically sensitive and appropriate approach to each family. These questions are based on the CLAS Review Guidelines for IFSP and IEP.

Systemic Support

The DEC recommended practices underscore the importance of systemic support to ensure a successful IFSP and IEP process. Competency training, information assistance, and adequate time provided for the IFSP/ IEP process are clearly pinpointed. In particular, administrators are encouraged to "present families with flexible and individualized options for the location, timing, and types of services, supports, and resources that are not disruptive of family life" (Sandall, p. 128). The administratively imposed 45-day deadline for completing the IFSP/ IEP may seem rushed or disruptive to the existing family functions of those who are from different cultural backgrounds. Therefore, an alternative strategy may need to be created to meet the family's needs. For example, service providers working for families from the Navajo Nation in New Mexico can request a waiver of the 45-day deadline if the family prefers that (personal communication with Rob Corso, 1999). Navajo people may not perceive the passage of time the same as European-Americans. Some families may be accustomed to a slow-paced, more personal interaction style (Harry, 1998).

A major way to increase systemic support is to hire staff that match the demographic profile of the community served by the service delivery program (Cross, Bazron, Dennis, & Isaacs, 1989; Lee, 1999). In addition, the DEC recommended practices recognize the importance of providing the knowledge and skills needed for staff to approach diversity in an effective way. "...Cultural and ethnic diversity must be addressed in both didactic program content and through field experiences to prepare professionals to respect the diversity of cultures found in a community through intervention practices and policies" (p. 94).

In practice, early intervention professionals need to adapt their practices and expand their roles when working with diverse families. Factors such as language differences, cultural norms, recency of immigration, and religious beliefs impact the IFSP/IEP process. Professionals need to be trained to be culturally and linguistically sensitive (Lynch & Hanson, 1998). To be culturally competent, a person needs to "think, feel, and act in ways that acknowledge, respect, and build upon ethnic, socio(cultural), and linguistic diversity" (Lynch & Hanson, 1993, p. 50). Lee found from her survey of professionals working with diverse families in a Midwest metropolitan area that the most urgent challenges to providing services to diverse families were

- Recruiting adequately trained bilingual or bicultural staff,
- Demonstrating cultural awareness,
- Providing training in cultural sensitivity,
- Providing support from other families or systems.

Early intervention professionals also need to know how to identify and utilize resources and adapt strategies when working with families of a different background from their own. Additional resources and support may be needed to enhance communication and collaboration between professionals and families (Chan, 1998; Lynch & Hanson, 1998; Shu-Minutoli, 1995). For example, interpreters can be utilized for initial contacts and for the IFSP process if the family does not speak the same language as the service provider (Ohtake, Fowler, & Santos, 2000; Rhodes, 1996).

Professionals may need to assume a variety of roles (e. g., establishing rapport with families and their communities, coordinating community resources, working with interpreters and translators, advocating for community-based services) in order to work effectively with a diverse range of families (Rhodes, 1996; Shu-Minutoli, 1995). The roles delineated through the DEC recommended practices in Interdisciplinary Models are explicit in advocating that team members include families and professionals, that team members focus on child functioning within family and community,

Table 1. Questions for Professionals to Ask Themselves When Developing IFSPs/IEPs with Culturally Diverse Families

Emphasize Family Strengths and Natural Support Network

1. Are you aware of family's naturally occurring support networks?
2. Is family's existing family structure respected (e.g., single-parent family)?
3. Are you aware of the role of the community or tribal leaders?
4. Do you build upon the informal networks of the family?
5. Do you use the extended family and community leaders/agencies for contacts and supports?
6. If appropriate, are family-to-family support contacts encouraged?
7. Do you coordinate family's existing resources (e.g., informal and formal resources)?
8. If the family is not seeking professional support, are you aware of the factors for underutilization of services?

Understand Family's Perception of Disability and Cultural Values: Bridge to Family-Professional Collaboration

1. Is family's view of disability considered?
2. Do you exhibit sensitivity and respect to family's view of health and healing?
3. Are family's traditional health healers contacted and their suggestions solicited for appropriate intervention plans for the child?
4. Are you aware of family's view of Western medicine and traditional medicine?
5. If Western medicine or treatment is not sought by the family, are you aware of the factors for underutilizing the health care services?
6. Are scientific explanations avoided if they are not compatible with family views?
7. Is family's view of developmental milestones considered when developing IFSP/IEP goals and placement of the child?
8. Do the IFSP goals fit with the family's values?
9. Is partnership, family-centered approach appropriate for the family (e.g., for families in hierarchical societies)?
10. Are you aware of and respectful of the family's sense of propriety?
11. Are you aware of family's value for privacy (e.g., discussing feelings, and personal life)?
12. Do you show sensitivity to the family's beliefs and culture?

Adaptive IFSP/IEP Process: Formal, Informal, and Flexible

1. Do you prepare family for the IFSP/IEP process by giving appropriate information?
2. Do you solicit family input before beginning the IFSP/IEP process?
3. Do you discuss who will be present with the family (e.g., Is a translator needed? Should an elder or community leader or other important people be included?)
4. Do you discuss family's preference, needs, strengths, and priorities?
5. Do you avoid jargon?
6. Do you let family decide on the roles they will take?
7. Do you understand the time orientation the family is comfortable with?
8. Do you ensure that help-giving and help-seeking principles are understood so that responsive costs are not too high for the family?
9. Are follow-up activities appropriate and comfortable for the family?
10. Is trust, reciprocity, caring, honesty, respect shown to the family?
11. Is information given in different ways and at different times to the family to maximize understanding of the IFSP/IEP process?
12. If the culture is high context (e.g., nonverbal communication is very important), do you exhibit nonverbal cues?
13. Are formal contacts more appropriate at the initial meetings? Should you dress up or down?
14. Do families have the option of not being involved without risking being judged as not caring?
15. Do you modify the process and your style based on cues from the family?

Adapted from Bennett, Zhang, & Hojnar (1998)

and that services are based on the family's strengths.

IFSP Documents and Meetings

The DEC indicators highlight the importance of clear communication during the IFSP and IEP process. In addition, they address considerations about what information the family wants to share in the document as well as the time and locations of meetings.

Able-Boone, Moore, and Coulter (1995) reviewed 53 IFSP documents from the early intervention programs in Colorado. They identified five IFSP quality indicators reflecting family-centered practice. The five indicators include the following: jargon-free language, a strengths orientation, a family focus, a match between family concerns and child outcomes, and interagency and informal networks. The current DEC recommended practices emphasize these points. The recommended practices under the heading "Practices strengthen family functioning" advocate that supports, practices, and resources, including intrafamily, informal, community, and formal supports encourage family participation, promote decision making and strengthen family functioning.

Every effort must be made to be responsive to the unique characteristics and needs of each family when preparing IFSP and IEP meetings and documents. Before the meeting, families should be contacted to ensure that they understand the process and have the opportunity to give input into the process of the meetings. For clear communication and understanding, professionals need to develop adaptive strategies. An interpreter or cultural guide may be recruited to assist the process (Ohtake et al., 2000). Rhodes (1996) suggests that the same interpreter be hired throughout the process to maintain consistency and establish relationships. In addition, the IFSP/IEP must be translated into the family's preferred language if requested. Finally, other logistics of the meeting (e. g., location; child care; transportation; seating arrangements of the team members, including family members, friends; etiquette, pace of the meeting) need to be discussed with families during the initial and ongoing contacts (Rhodes, 1996).

Implications

The review of the DEC recommended practices has implications for early intervention professionals and programs working with diverse families. These implications include the following:

- creating and establishing a flexible, adaptive, and individualized IFSP/IEP process;
- enhancing awareness and respect for family strengths, preferences, beliefs, and values,
- preparing professionals and families for a collaborative IFSP/IEP process,
- coordinating a network of community support systems, and
- adapting IFSP and IEP meetings and documents.

Establishing a Flexible, Adaptive, and Individualized Process

The relationships between families and professionals are central to the IFSP and IEP process. Those professionals working with families need adaptive skills, flexible attitudes, and an individualized perspective. The ongoing and dynamic nature of the IFSP/IEP process requires professionals to modify and change their practices according to the individual families' changing characteristics and needs. Certainly, this principle is important for all families; however, for families from diverse backgrounds, professionals need to be particularly resolute.

A flexible and responsive system of early intervention is critical when working with families. Creating culturally and linguistically sensitive and appropriate practices and adapting practices to meet the values, priorities, preferences, and choices of families from diverse cultural and linguistic backgrounds must be a priority for future research and practice.

Enhancing Awareness and Respect for Family Preferences, Beliefs, and Values

Families' preferences influence every aspect of the IFSP and IEP process. Beliefs about disability, developmental milestones, the early childhood specialist's role, and early intervention affect many decisions that families make when participating in the IFSP/IEP process. Having an

interest in and respect for families who have a different background is the first step in becoming culturally sensitive (Lynch, 1998). Awareness of the demographic population in the local community, the languages spoken, and the cultures represented is critical in providing culturally appropriate services.

Many cultural and linguistic groups continue to be stereotyped and have negative or distorted images associated with them. Some professionals may have preexisting ideas about families from certain groups. Although not easy, the hurdles of misunderstanding or mistrust can be mended through adequate preparation, sensitivity, sincere interest, and respect for the differences that emanate from the preferences, concerns, and cultural beliefs and values of the families.

Preparing Families and Professionals for a Collaborative IFSP and IEP Process

Preparing families and professionals for the IFSP and IEP process is essential for success in developing effective IFSPs and IEPs. The preparation process requires careful planning to account for the influence of communication and culture on the process. Some factors involved in preparation include disseminating culturally and linguistically appropriate IFSP and IEP information to the target group in their preferred language; appropriately approaching families who may become part of the early intervention system; engaging in community activities; and inviting families to visit the early intervention program and introducing them to program resources. The task of adequately preparing families and professionals and of planning for a collaborative and effective IFSP/IEP process is the responsibility of all those involved in the care and education of children with disabilities. Preparation and planning require a coordinated system of services and supports.

Identifying, Creating, and Coordinating a Network of Community Support Systems

The DEC recommended practices related to interdisciplinary models emphasize the role of family members and professionals as key to the intervention team. These recommended practices also highlight the need for team members to focus "on the child's functioning in the contexts in which he or she lives, not the service" (Sandall et al., 2000; p. 53). This focus on function, and not services, emphasizes the need to provide services based on what the child and family need and want, rather than what is available. This challenge is particularly relevant for families with diverse backgrounds. Programs and professionals are challenged to think outside the typical service and resource system to meet families' unique and ever-changing needs. Professionals and agencies must assess the availability of existing resources in the community (e. g., grandparents, friends, child care providers, spiritual leaders, respite care agencies, hospitals, family doctors, community resource centers, and early intervention programs). The process of community resource development can identify gaps in services and resources, which in turn will lead to more comprehensive community-wide service delivery systems. This practice should be expanded to advocating for community-based and culturally and linguistically appropriate services that match the needs of the families within that community.

Adapting Meetings and Documents

IFSP and IEP meetings should embody the spirit of collaboration between families and professionals. Inadequate preparation of families and professionals may result in silence, passive acceptance, or misunderstanding among those involved. The current DEC recommended practices emphasize the role of families in planning, delivering, and evaluating the entire intervention process. This means that each team member, including families, "decide on each intervention variable—how to intervene, who should intervene, when the intervention should occur, and where the intervention should occur—based on (a) relevance to the priority (i. e., the functioning the family desires), (b) environmental resources and constraints, and (c) likelihood that it will help." Extra adaptations may need to be made for families to participate in this process meaningfully. Professionals will need to expand their understanding of the traditional roles and program options and make changes in the makeup of the intervention team, the context of the intervention, the professionals' and families' roles, the timeline for intervention, and different cultural norms and beliefs regarding development and disability.

DEC Recommended Practices

"The purpose of recognizing culture and cultural dynamics is not to predict or anticipate. It is, rather, to become open and respectful to diverse behaviors even when these are outside of our

areas of familiarity" (Barrera, 2000; p. 18). The unique variations among families and the cultures they represent must be acknowledged, respected and accounted for during the IFSP/IEP process. The current DEC recommended practices highlight the challenge for professionals to provide "Practices, supports, and resources [that] are responsive to the cultural, ethnic, racial, language, and socioeconomic characteristics and preferences of families and their communities" (p. 46).

Dr. Chun Zhang is a faculty member at Fordham University. She worked in China as a kindergarten teacher and a university instructor for eight years. Her areas of interest include children and families from culturally and linguistically diverse backgrounds; family support; family-centered practice; the Individualized Family Service Plan (IFSP); and Individualized Education Program (IEP). She has written and published several articles in these areas.

Dr. Tess Bennett is a faculty collaborator for the Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS). She conducts cross-cultural research regarding families of children with special needs, and issues related to Head Start, such as the effect of welfare reform on high school parents with special needs and inclusion. Dr. Bennett is the director of the Region V Great Lakes Quality Improvement Center for Disabilities, which provides training, technical assistance, and consultation to Head Start programs in Illinois, Indiana, Ohio, Wisconsin, Michigan, and Minnesota. She has published one book and several articles on developing culturally sensitive IFSPs and IEPs.

References

Able-Boone, H., Moore, S. M., & Coulter, D. K. (1995). Achieving family-centered practice in early intervention. *Infant-Toddler Intervention, 5*(4), 395-404.

Able-Boone, H., Sandall, S., Loughry, A., & Frederick, L. (1990). An informed family-centered approach to Public Law 99-457: Parental views. *Topics in Early Childhood Special Education, 10,* 100-111.

Anderson, P. P. (1989). Issues in serving culturally diverse families of young children with disabilities. *Early Child Development and Care, 50,* 167-188.

Barrera, I. (1994). Thoughts on the assessment of young children whose sociocultural background is unfamiliar to the assessor. *Zero to Three,* June/July, 9-13.

Bennett, T., Zhang, C., & Hojnar, L. (1998). Facilitating the full participation of culturally diverse families in the IFSP/IEP process. *Infant-Toddler Intervention, 8*(3), 227-249.

Brotherson, M. J., & Goldstein, B. L. (1992). Time as a resource and constraint for parents of young children with disabilities: Implications for early intervention services. *Topics in Early Childhood Special Education, 12*(4), 508-527.

CEC Today (April/May 1999). Special focus issue: A primer on IDEA 1997 and its regulations.

Chan, S. (1998). Families with Asian roots. In E. W. Lynch & M. J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with young children and their families* (pp. 210-251). Baltimore, MD: Brookes Publishing Company.

Chen, D. (1997). *Family-professional relationships: Helping relationships.* Urbana-Champaign, IL: CLAS Early Childhood Research Institute.

Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). *Towards a culturally competent system of care: Volume 1.* Washington, DC: Georgetown University Child Development Center.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1994). *Supporting and strengthening families, vol. 1: Methods, strategies and practices.* Cambridge, MA: Brookline Books.

Dunst, C. J., Trivette, C. M., & Mott, D. W. (1994). Strengths-based family-centered intervention practices. In C. J. Dunst, C. M. Trivette, & A. G. Deal (Eds.), *Supporting and strengthening families, vol. 1: Methods, strategies and practices* (pp. 115-131). Cambridge, MA: Brookline Books.

Gallagher, J. J. (1998). *Planning for young children with disabilities and their families: The evidence from IFSP/IEPs* (Report No. BBB04365). Chapel Hill, NC: Frank Porter Graham Center, University of North Carolina. (ERIC Document Reproduction Service No. ED 417 504)

Harry, B. (1992). Restructuring the participation of African-American parents in special education. *Exceptional Children, 59*(2), 123-131.

Harry, B. & Kalyanpur, M. (1994). Cultural underpinnings of special education: Implications for professional interactions with culturally diverse families. *Disability & Society, 9*(2), 145-165.

Lee, H. (1999). *Perceptions about culturally appropriate practices: A survey from early intervention professionals.* Unpublished doctoral dissertation, University of Illinois, Urbana-Champaign, IL.

Lynch, E. W. (1998). Developing cross-cultural competence. In E. W. Lynch & M. J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with young children and their families* (pp. 24-47). Baltimore, MD: Brookes Publishing Company.

Lynch, E. W., & Hanson, M. J. (1998). Steps in the right direction: Implications for interventionists. In E. W. Lynch & M. J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with young children and their families* (pp. 491-512). Baltimore, MD: Brookes Publishing Company.

Lynch, E. W., & Hanson, M. J. (1993). Changing demographics: Implications for training in early intervention. *Infants and Young Children, 6*(1), 50-55.

McGonigel, M. J., Kaufmann, R., & Johnson, B. H. (1991). A family-centered process for the individualized family service plan. *Journal of Early Intervention, 15*(1), 46-56.

Mervis, L., & Leininger, R. (1992). *Recommended practices in the identification, assessment, and provision of special education for culturally and linguistically diverse students.* Springfield, IL: Illinois State Board of Education.

Nelson, R. J., Smith, D. J., & Dodd, J. M. (1992). Understanding the cultural characteristics of American Indian families: Effective partnerships under the individualized family service plan (IFSP). *Rural Special Education Quarterly, 11*(2), 33-36.

Odom, S. L., & McLean, M. E. (1996). *Early intervention/Early childhood special education: Recommended practices.* Austin, TX: PRO-ED.

Ohtake, Y., Fowler, S. A. & Santos, R. M. (2000). *Working with interpreters to plan early childhood services with limited-English-proficient families* (Tech. Rep. No. 14). Champaign, IL: CLAS Early Childhood Research Institute.

Powell, D. S., Batsche, C. J., Ferro, J., Fox, L., & Dunlap, G. (1997). A strength-based approach in support of multi-risk families: Principles and issues. *Topics in Early Childhood Special Education, 17*(1), 1-26.

Rhodes, R. L. (1996). Beyond our borders: Spanish-dominant migrant parents and the IEP process. *Rural Special Education Quarterly, 15*(2), 19-22.

Sandall, S., McLean, M. E., & Smith, B. J. (2000). *DEC recommended practices in early intervention/early childhood special education.* Longmont, CO: Division for Early Childhood of The Council for Exceptional Children and Sopris West.

Shelton, T. L., Jeppson, E. S., & Johnson, B. H. (1987). *Family-centered care for children with special health care needs.* Bethesda, MD: Association for the Care of Children's Health.

Shu-Minutoli, K. (1995). Family support: Diversity, disability, and delivery. In E. E. Garcia (Ed.), *Meeting the challenge of linguistic and cultural diversity in early childhood education: Volume 6* (pp. 125-140). New York, NY: Teachers College Press.

Thompson, L., Lobb, C., Elling, R., Herman, S., Jurkiewicz, T., & Lulleza, C. (1997). Pathways to family empowerment: Effects of family-centered delivery of early intervention services. *Exceptional Children, 64*(1), 99-113.

Turbiville, V. P., Turnbull, A. P., Garland, C. W., & Lee, I. M. (1996). Development and implementation of IFSPs and IEPs: Opportunities for empowerment. In S. L. Odom & M. E. McLean (Eds.), *Early intervention/early childhood special education: Recommended practices* (pp. 77-100). Austin, TX: PRO-ED.

Yell, M. L. (1998). *The law and special education.* Upper Saddle River, NJ: Prentice Hall.

Child Find Resources

A Family's Guide to Alabama's Early Intervention System and the Alabama Early Intervention System [Video]. Alabama Department of Rehabilitation Services. (1995). Montgomery, AL: Alabama Department of Rehabilitation Services • Department of Early Intervention • Box 11586 • 2129 E. South Building • Montgomery, AL 36111 • 800.543.3098.

Summary

The guide is an information kit describing Alabama's early intervention system for infants and toddlers with disabilities. The primary audience includes parents/family members from all cultural/linguistic groups who require or provide early intervention services, and it is also useful for personnel representing a wide variety of disciplines. Included in the kit are: (1) a brochure on child identification and referral for children from birth to age three; (2) a brochure emphasizing the importance of parent participation in early intervention and membership on district coordinating councils; (3) a fact sheet that describes how Alabama's early intervention system works, the different agencies that participate, the definition of developmental delay, and child find activities; (4) a collection of booklets that explain child find, evaluation and assessment, the individualized family service plan, service coordination, and child and parent rights; and (5) a collection of fact sheets that explain identification and referral, evaluation and assessment, the system of early intervention, the individualized family service plan, child and parent rights, and service coordination. The video release covers the same material for the same groups.

❖ ❖ ❖

Edades y Etapas: Un Cuestionario Completado por los Padres para Evaluar a los Niños/ (Ages & Stages Questionnaires (ASQ): A Parent-Completed Child-Monitoring System) [Second Edition]. Diane Bricker, Robert Nickel, Jane Squires, Elizabeth Twombly, Linda Mounts, Jane Farrell, LaWanda Potter. (1999). Baltimore, MD: Brookes Publishing Co. • PO Box 10624 • Baltimore, MD 21285 • 800.638.3775 • http://www.brookespublishing.com/.

Summary

This system is designed to be used by service delivery personnel in a variety of early intervention/early childhood special education (EI/ECSE) and early childhood education (ECE) fields and settings who, in turn, will share the information with parents/family members. Designed to be completed by parents or primary caregivers, the Ages and Stages Questionnaires (ASQ) screening system for children with developmental delays consists of 19 questionnaires. Each questionnaire contains 30 developmental

items that are divided into five areas: communication, gross motor, fine motor, problem solving, and personal-social.

❖ ❖ ❖

Multicultural Early Childhood Team Training: Infusing Cultural Competence in Early Childhood Programs: Trainer's Guide and Participant Notebook

Nona Flynn, Eva K. Thorp, Kyppee White Evans, Cherie Takemoto. (1998). Fairfax, VA: Parent Educational Advocacy Training Center, George Mason University.

Participant notebook and trainer's guide may be ordered for $150.00 /copy from: The Parent Educational Advocacy Training Center (PEATC), George Mason University (GMU) • Multicultural Early Childhood Team Training • George Mason University, MSN 1F2 • 4400 University Drive • Fairfax, VA 22030 • 703.993.3670 • http://chd.gse.gmu.edu/MECTT/.

Summary

Intended to be used by parent and professional teams to train other parent and professional teams, this trainer's guide helps teach parents and professionals to improve services to diverse families of young children with special needs. It includes twelve modules that address (1) culturally competent, family-centered principles; (2) family find; (3) communication and partnerships; (4) areas of child development; (5) family-centered assessment practices; (6) inclusive services; (7) individualized family service plans and individualized education programs; (8) home visits; (9) facilitating transitions; (10) facilitating the process of becoming a family-centered, culturally sensitive program; (11) developing an action plan; and (12) on-site follow-up consultation. Resource materials are provided for the preparation of mini-lectures and masters for overheads are provided for duplications.

❖ ❖ ❖

Evaluation and Assessment in Early Childhood Special Education: Children Who are Culturally and Linguistically Diverse

Kristine Slentz, Gwen Lewis, Cathy Fromme, Debra Williams-Appleton. (1997). Olympia, WA.: Washington Office of State Superintendent of Public Instruction • Old Capitol Building • PO Box 47200 • Olympia, WA 98504 • 360.753.6733.

Summary

Written primarily for professionals making special education eligibility and placement decisions, this manual provides procedures and resources for assessing children from birth through six years of age who are culturally and linguistically diverse. After defining basic terminology, the concepts of variability and disability are examined and contrasted in the context of family and culture. Differences between language acquisition and language disorders are identified. The prereferral process is then examined in detail, including questions to consider when referring culturally and linguistically diverse children, guidelines for screening for language proficiency and language dominance, working with interpreters and translators, and a prereferral checklist. Issues surrounding more involved stages of evaluation are then addressed, including the drawbacks of standardized testing and critical elements of professional judgment statements for students with limited English proficiency.

❖ ❖ ❖

Assessment-Related Resources

Cultural Competence in Screening and Assessment: Implications for Services to Young Children with Special Needs Ages Birth Through Five

Maria Anderson, Paula Goldberg. (1991). Minneapolis, MN: PACER Center • 8161 Normandale Blvd., • Minneapolis, MN 55437 • 612.827.2966 • E-mail: pacer@pacer.org • http://www.pacer.org/.

Summary

This publication examines issues related to the screening and assessment of infants, toddlers, and preschoolers who are at risk or disabled, from families of various cultural and linguistic backgrounds. An introductory section outlines issues of cultural and linguistic competence and provides definitions of key terms. Strategies for ensuring cultural competence in screening and assessment are discussed. The strategies focus on policymakers, parents, and professionals.

❖ ❖ ❖

M. S. Barona, A. Barona. (1991). "The Assessment of Culturally and Linguistically Different Preschoolers." *Early Childhood Research Quarterly*, 6, 363-376.

Summary

This article addresses strategies to improve the quality of assessing linguistically diverse preschoolers with special needs in order to deliver appropriate services. The effectiveness of the traditional assessment is limited because of the interaction of developmental, cultural, and linguistic variables. However, assessment procedures can be improved through collaboration between professionals and primary caregivers during assessment, the decision-making process, and intervention. The strategies discussed here provide guidelines for professionals working with young children with special needs from diverse backgrounds and can serve as safeguards to ensure the quality of the assessment.

❖ ❖ ❖

To Refer or Not to Refer: Untangling the Web of Diversity

Isaura Barrera. (1995). Staten Island, NY: New York State Association for Bilingual Education. Available online at the CLAS website (http://clas.uiuc.edu) or through the New York State Association for Bilingual Education • 17 Pelican Circle • Staten Island, NY 10306 • 718.935.3911 • http://www.sabe.net.

Summary

This pamphlet examines multiple sources of learning problems in young children within the context of appropriate and inappropriate referral to special education. Three sources of learning problems are identified: unrecognized cultural/linguistic diversity, deficits stemming from chronic poverty or trauma, and disabilities. Similarities and differences between these are discussed, with an emphasis on distinguishing problems generated by disabilities from those generated by unrecognized diversity. Types of data that can help make this distinction are identified and include home language usage, relative language proficiency, levels of enculturation and acculturation (i.e., knowledge and skills necessary for participation in home and early childhood settings), schooling or child care history, participation in school lunch program, stability of living conditions, and evidence of family income.

❖ ❖ ❖

P. McCardle, J. Kim, C. Grube, V. Randall. (1995). "An Approach to Bilingualism in Early Intervention." *Infants and Young Children*, 7(3) 63-73.

According to the clarification of debates between early research and later studies regarding bilingualism, service providers in early childhood and preschool programs can determine the effective approach to stimulate a child's development in the social-emotional, physical, and cognitive areas by considering the context of the family and community. Within the context of this debate, this article discuss the concepts, principles, and practical applications of serving children from bicultural families, and it examines possible reasons for the delays identified in these children.

❖ ❖ ❖

Assessing the Development of a First and Second Language in Early Childhood: Resource Guide

Barry McLaughlin. (1998). Sacramento, CA: California Department of Education • Publications Division Sales Office • PO Box 271 • Sacramento, CA 95812 • 800.995.4099.

Summary

This resource guide focuses on assessment and its relationship to curriculum development, specifically as related to children from culturally and linguistically diverse backgrounds who are enrolled in child development programs. An introduction discusses current thinking about assessment, assessing the bilingual child's language abilities, and guidelines for appropriate assessment.

❖ ❖ ❖

Developing Cultural Competence in Early Childhood Assessment

Susan M. Moore, Janet Beatty. (1995). Boulder, CO: Author • CB409, SLHS • University of Colorado at Boulder • Boulder, CO 80309 • 303.492.6445.

Summary

This document supplements the Screening and Evaluation Process Guidelines developed in 1993 by the Child Find Project and provides specific recommendations on gathering background information, working with interpreters and cultural mediators, interpreting assessment information, sharing this information with families, adapting formal measures and utilizing informal measures. Tips for teams address second language acquisition and bilingualism, ethnographic interviewing, facilitating family-directed involvement in the assessment process, and other steps in a truly nonbiased assessment process. A self-reflection tool is provided for practitioners to use in assessing their own cultural competence, as is a review of the literature and current practices. Available assessment tools and instruments are listed with extensive annotations. Appendices include a brief overview of the process of developing locally normed assessment instruments and a discussion of special assessment considerations for second-language learners.

❖ ❖ ❖

Multicultural Students with Special Language Needs: Practical Strategies for Assessment and Intervention

Celeste Roseberry-McKibbin. (1995). Oceanside, CA: Academic Communication Associates • Academic Communication Associates • PO Box 4279 • Oceanside, CA 92052 • 760.758.9593.

Summary

This book is designed to help school professionals develop a better understanding of culturally and linguistically diverse students so that they can work effectively with children who have special needs. The goal is to provide a multidisciplinary, well-rounded, and comprehensive view of culturally and linguistically diverse students. Part 1 discusses cultural diversity and special education, understanding students from immigrant and refugee families, and the impact of religious differences. Part 2 addresses distinguishing language differences from language disorders, the normal process of second language acquisition, strategies for conducting assessments, and working with interpreters in assessment. Part 3 describes service delivery options for multicultural students, intervention strategies, and suggestions for working with families. Appendices include checklists and assessment forms.

❖ ❖ ❖

Observing Preschoolers: Assessing First and Second Language Development [Video]

The Santa Cruz County Office of Education. (1998). Sacramento, CA: Child Development Division, California Department of Education • Publications Division Sales Office • PO Box 271 • Sacramento, CA 95812 • 800.995.4099 • http://www.cde.ca.gov/publications/.

Summary

This videotape focuses on using assessment to improve the curriculum for children in child development preschool programs, especially those children diverse in culture and language. Using the assessment process featured in this videotape, teachers will learn where and when to help the child. The training manual is designed for university and college-based faculty and instructors to use in training pre- and inservice childcare providers. Although the development of oral language is emphasized, the

process described is designed to be able to be applied in other curriculum areas. Information is provided on making an assessment plan, collecting information, creating a portfolio, meeting with family and staff, and modifying the curriculum.

❖ ❖ ❖

J. R. Walton, E. V. Nuttall. (1992). "Preschool Evaluation of Culturally Different Children." In E. V. Nutall, I. Romero, J. Kalesnik (Eds.), Assessing and screening preschoolers: Psychological and educational dimensions (pp. 281-300). Boston, MA: Allyn & Bacon.

Summary

This chapter includes various topics and issues which are important in assessing four culturally diverse groups: Black American, Hispanic American, East Asian American, and American Indian/Eskimo preschoolers. The authors introduce a selected list of the most appropriate tests in dealing with culturally specific data. Specifically, they elaborate instruments used for (1) screening and assessing cognitive, language, perceptual, and social-emotional-adaptive skills; and (2) curriculum-based assessment with culturally different children. Each instrument has samples of the types of test items and a thorough description regarding the psychometric and clinical characteristics of important measures. The authors argue that it is important in assessment practice to consider theory and practice of assessment, as well as the specific culture and language of the children who are to be tested.

❖ ❖ ❖

Assessing and Fostering the Development of a First and a Second Language in Early Childhood: Training Manual

Dale Zevin. (1998). Sacramento, CA: California Department of Education • Publications Division Sales Office • PO Box 271 • Sacramento, CA 95812 • 800.995.4099 • http://www.cde.ca.gov/publications/.

Summary

This training manual on assessing and fostering the development of a first and a second language in early childhood is designed to provide quality training for early childhood educators of limited-English-proficient (LEP) children. It provides information on current thinking about first and second language acquisition, assessment of children's language development, and developmentally appropriate teaching practices to support oral language development. The manual is organized into eight modules; each includes a section on advance planning that lists the activities that will take place and the training items needed. Appendices include overhead transparency masters, handout masters, and evaluation form masters.

❖ ❖ ❖

IFSP/IEP Resources

Developing Individualized Family Support Plans: A Training Manual

Tess Bennett, Barbara V. Lingerfelt, Donna E. Nelson. (1990). Cambridge, MA: Brookline Books. May be ordered for $ 30.00 /copy from: Brookline Books • PO Box 1046 • Cambridge, MA 02238.

Summary

This manual is designed to provide a training seminar for use by inservice training coordinators, agency administrators, supervisors, university personnel, and anyone else responsible for preparing professionals who develop Individualized Family Service Plans (IFSPs). The seminar content is divided into eight sequential sections: Working with Families; Needs and Aspirations; Strengths and Capabilities; Support and Resources; The Effective Help-Giver; and Writing Family Support Plans. Each section includes notes for trainers, key points, text and seminar activities, and section checklists. Appendices include a list of competencies, a training checklist, portfolio activities, a blank set of assessment and IFSP forms, overhead masters, and a glossary of terms.

❖ ❖ ❖

Other Resources

Early Transitions for Children and Families: Transitions from Infant/Toddler Services to Preschool Education

Marci J. Hanson. September 1999. Reston, VA: ERIC Clearinghouse on Disabilities and Gifted Education, ERIC EC Digest #E581.

This digest focuses on a crucial early transition for children with disabilities: the transition from infant/toddler services to preschool education. While it does not directly discuss multicultural concerns, its recommendations can easily and effectively be extended into considerations of cultural awareness.

❖ ❖ ❖

The Implications of Culture on Developmental Delay

Rebeca Valdivia. December 1999. Reston, VA: ERIC Clearinghouse on Disabilities and Gifted Education, ERIC EC Digest #E589.

This digest explores the relationship between cultural differences and norms in assessment of a child for what appears to be a developmental delay. It also considers implications for practice.

❖ ❖ ❖

Organizations Focused on Early Childhood and Multicultural Issues

The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS Early Childhood Research Institute commissioned the technical reports that formed the basis of this publication. For those who are interested in reading the complete technical reports, they can be purchased from CLAS or found on the CLAS website.

The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS) is a federally funded collaborative effort of the University of Illinois at Urbana-Champaign, The Council for Exceptional Children, the University of Wisconsin-Milwaukee, the ERIC Clearinghouse on Elementary and Early Childhood Education, and the ERIC Clearinghouse on Disabilities and Gifted Education.

The CLAS Institute identifies, evaluates, and promotes effective and appropriate early intervention practices and preschool practices that are sensitive and respectful to children and families from culturally and linguistically diverse backgrounds. Among its goals are the creation of a resource bank and catalog of validated, culturally and linguistically appropriate materials and of documented effective strategies for early intervention and preschool services.

Early Childhood Research Institute on Culturally and Linguistically Appropriate Services • University of Illinois at Urbana-Champaign • 61 Children's Research Center • 51 Gerty Drive • Champaign, IL 61821 • 217.333.4123; 800.583.4135 • http://clas.uiuc.edu • clas@ericps.crc.uiuc.edu.

For more information on the CLAS Early Childhood Research Institute, contact:

Amy Santos, Co-Principal Investigator
Phone: 217-244-6862 • Fax: 217-244-7732 • E-Mail: rsantos@uiuc.edu

Rob Corso, Project Coordinator
Phone: 217-244-3105 • Fax: 217-244-7732 • Email: rcorso@uiuc.edu

❖ ❖ ❖

ERIC Clearinghouse on Disabilities and Gifted Education (ERIC EC)

The ERIC Clearinghouse on Disabilities and Gifted Education (ERIC EC), one of the 16 federally funded clearinghouses in the ERIC system, gathers and disseminates the professional literature, information, and resources on the education and development of individuals of all ages who have disabilities and/or who are gifted. Among its activities, it prepares publications such as ERIC Digests (brief overviews of current topics) and provides information on topics such as ADD, gifted, behavior disorders, early childhood, inclusion, and learning disabilities.

ERIC Clearinghouse on Disabilities and Gifted Education (ERIC EC) • The Council for Exceptional Children (CEC) • 1110 N. Glebe Road, Suite 300, Arlington, VA 22201-5704 • 1-800-328-0272 (V/TTY) • ericec@cec.sped.org • http://ericec.org.

❖ ❖ ❖

The ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE)

The ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE), located at the University of Illinois at Urbana-Champaign, contributes to the ERIC database in the areas of child development, the education and care of children from birth through early adolescence, the teaching of young children, and parenting and family life. ERIC/EECE has provided information for educators, parents and families, and individuals since 1967.

The ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE) • University of Illinois at Urbana-Champaign • Children's Research Center • 51 Gerty Drive • Champaign, IL 61820-7469 • 1-800-583-4135 (V/TTY) • 217-333-1386 • ericeece@uiuc.edu

The National Information Center for Children and Youth with Disabilities (NICHCY)

NICHCY is a national information and referral center that provides information on disabilities and disability-related issues for families, educators, and other professionals, in areas related to specific disabilities, early intervention, special education and related services, individualized education programs, family issues, disability organizations, professional associations, education rights, and transition to adult life. Its special focus is children and youth (birth to age 22). NICHCY makes available a wide variety of publications and references to disability organizations, parent groups, and professional associations at the state and national level.

The National Information Center for Children and Youth with Disabilities (NICHCY) • PO Box 1492 • Washington, DC 20013 • 800.695.0285 • nichcy@aed.org • http://www.nichcy.org.